

# JWV Post Installation Form 3-5-24

- Installations must occur within 60 days of an election. When form is completed send to your department and National HQ **annually** within 30 days of installation and no later than June 15.
- Completed forms can be returned to to National Headquarters in the following ways:  
Mail: Jewish War Veterans, 1811 R Street, NW, Washington, DC 20009 Email: membership@jwv.org • FAX: 202-234-5662

Post Name and #: \_\_\_\_\_ Date: \_\_\_\_\_

Post Email Address: \_\_\_\_\_

Post Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

Post Meeting time and location: \_\_\_\_\_

Rosters/Refund checks should be sent to: \_\_\_\_\_

Name of Person filling out this form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following Post Officers were installed on this date: \_\_\_\_\_

By: \_\_\_\_\_  
(Title and Name) (Signature or digital signature) **Required\*\*\***

## — ★ Elected —

★ **CMDR:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

★ **SVC:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

★ **JVC:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

★ **PJA:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## — • Appointed —

• **QM:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• **Adj:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• Chaplain

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• Communications/IT Committee Chairman

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• NMI Representative

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• Other Officers /Chairman

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• Other Officers /Chairman

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

• Other Officers /Chairman

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Remarks: